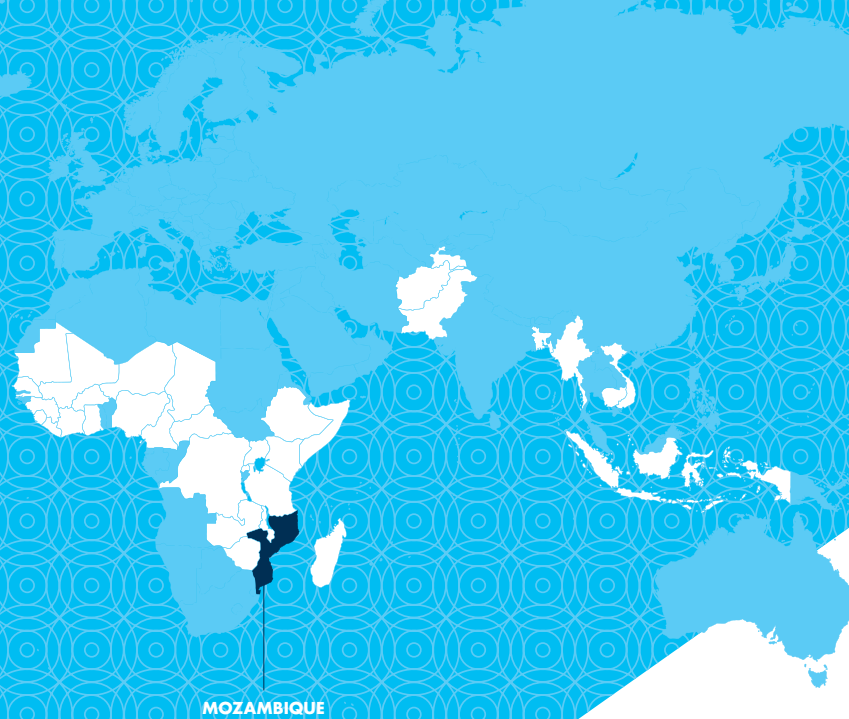


Mozambique



MOZAMBIQUE

Country Focus Areas

- **Improve coverage of RMNCAH-N services.**
- **Support the government's commitment** to keep the share of government health expenditures in total expenditure stable initially (at 7.9 percent) and increase it to 9.5 percent by 2021.
- **Increase the number of technical health staff** and community health workers, the availability of essential drugs in primary care facilities, and spending in underserved provinces and districts.
- **Reduce fragmentation** through Multi Donor Trust Fund support of the investment case.
- **Incentivize death registration, certification, and coding** of the cause of death for deaths in health facilities and the release of statistical reports.
- **Implement reforms of the private sector supply chain.**

RMNCAH-N Core Indicators

Maternal mortality ratio:
408 per 100,000 live births

Neonatal mortality ratio:
30 per 1,000 live births

Under-five mortality ratio:
97 per 1,000 live births

Adolescent birth rate:
194 per 1,000 women

Percent of births <24 months after the preceding birth: **18.8%**

Stunting among children under 5 years of age: **42.6%**

Moderate to severe wasting among children under 5 years of age: **5.9%**

Health Financing Core Indicators

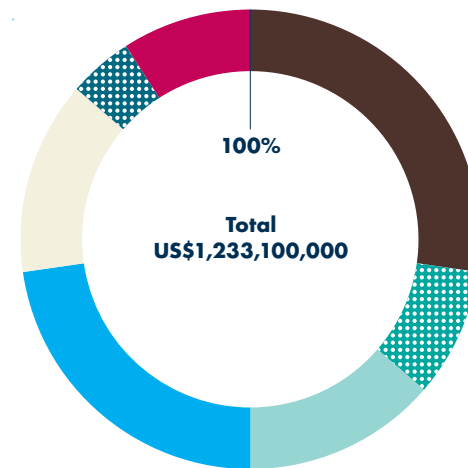
Health expenditure per capita financed from domestic sources: **US\$10.25**

Ratio of government health expenditure to total government expenditures: **8.35%**

Percent of current health expenditures on primary/outpatient health care: **Not available**

Incidence of catastrophic and impoverishing health expenditures: **1.61% catastrophic**
0.55% impoverishing

Resource Mapping



- **WORLD BANK**
- **GFF TRUST FUND**
- **NETHERLANDS (MULTI-DONOR TRUST FUND)**
- **CANADA (MULTI-DONOR TRUST FUND)**
- **UNITED KINGDOM (MULTI-DONOR TRUST FUND)**
- **PROSAUDE**
- **USAID (SINGLE-DONOR TRUST FUND)**

Resource mapping was conducted as part of the development of the Investment Case. Mozambique has committed to developing a fully funded investment case with prioritized investments to ensure no financing gap. These budgets are indicative commitments for 2019 and beyond. All contributions in the chart are channeled through government systems. In addition, there are development partners that are financing the IC through parallel financing (e.g. DFID's first contribution to the Investment Case was channeled through UN agencies). There are two multi-donor trust funds. One with financing from DFID, Netherlands, Canada, USAID (through a single-donor trust fund managed by the World Bank), the World Bank, and GFF. The second one, PROSAUDE, is the health sector common fund that provides budget support to the Ministry of Health. Several partners, including the Global Fund, Gavi and the Government of Sweden, contribute to the IC but channel their funding through other mechanisms.

Monitoring the Country-Led Process

	1	2	3	4	5	6	7
INVESTMENT CASE							
Investment case for RMNCAH-N or equivalent (e.g., national healthplan)	Investment Case in development	Investment Case complete	Investment Case being implemented				
Set of evidence based priorities financed	Not prioritized within available funding	Priorities determined, but financial gap remains	Priorities fully funded**				
Results monitoring strategy and framework in support of IC*	Not developed	Developed and initial assessment of results monitoring capacity available	Country platform (or other country led entity) uses results framework to review progress on a regular basis				
COUNTRY PLATFORM							
Country-led multi-stakeholder platform (e.g., new or established from an existing platform)	Not yet established	Established and initial meeting held	Country platform holds regular country meetings to discuss results arising from implementing the IC and corrective action				
Government focal point	Government focal point not yet identified	Government focal point identified	Government focal point identified with contact available online (GFF website)				
An inclusive country platform process with CSO engagement	CSOs not included in the process	CSO representative identified	Civil society represented at routine country platform meetings to discuss IC implementation and results				
HEALTH FINANCING							
Health financing reforms identified	Not considered at this time	Developed but not integrated in IC	Health financing in progress				
World Bank-funded project in support of the IC	Project under preparation	Project approved and available online	Project disbursing				
Private sector engagement	Private sector engagement not identified at this time	Country has either included or identified a private sector intervention	Country has started implementing a private sector intervention				
OTHER AREAS OF INTEREST							
Civil registration and vital statistics (CRVS) made a priority	CRVS not identified as priority	CRVS identified as a priority in the investment case	CRVS priority funded (for example GFF Trust Fund, IDA, other)				
Management of medicines and supplies / supply chain interventions	Supply chain / commodity management not identified as a priority	Supply chain / commodity management identified as a priority	Supply chain / commodity management interventions funded				

* Both included in the IC document or a separate document
 ** Meaning that funding was allocated, disbursed and released – payment done
 *** ANC4 = four antenatal care visits
 ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.